Application for Review of Market Value

Washington County Board of Equalization 87 North 200 East St. George, UT 84770

•	•		
Phone: (4	435)634-5703	Fax: (435)	652-5887

Log#	
Account#	
Parcel#	

Owner's name	Property Location			
Mailing Address City	State Zip			
,	·			
	T =			
Telephone Number	Daytime Phone Number			
Name of agent representing owner (if applicable)	Agent's Telephone Number			
Name of agent representing owner (if applicable)	Agent's Telephone Number			
Market Value shown on "Notice of Valuation and Tax Change	\$			
Owner's estimate of market value (required) Basis used to determine appellant's market value (cost, income, sales, etc.)				
Basis For Requesting Review				
☐ Market value is not in agreement with similar properties.				
(A minimum of three (3) comparables must be attached.) Market value not justified by comparable sales or by purchase price. (A minimum of three (3) comparable sales or				
a closing statement must be attached.)				
 Market value not justified on basis of income derived free producing property. A "three Year Income Analysis" for 	rom property. (Applicable only to commercial income form must be completed with the requested information and			
attached.				
 □ Primary/Non-Primary change only. No change to market value. □ Other reasons. (Explain below and attach supporting evidence.) 				
	<u> </u>			
Request For Hearing ☐ I request an in-person hearing before the Board of Equalization. ☐ I do not wish to appear in-person. The Board of Equalization may make a decision based on the evidence submitted.				
Certification and Signature				
I certify that all statements here and before the Board are true, complete, and correct to the best of my				
knowledge. I understand that all information submitted to the Board, and the decision of the Board, are public record. If the Board is unable to make a decision prior to November 30 th , I am still responsible to pay all the				
taxes due to avoid penalties and interest. If a refund is necessary it will include interest starting January 1 st .				
X				
Signature of: □Owner	Date			
Other:(Authorization attached if signature is from someone other than the own				
Office Use Only				
Date Received Appointmen	at date and time			
	rismiss the Appeal "on and given ten			
(10) days to submit the necessary information	n. Documentation due on			
Complete each part of the application or it will be returned to you!				
Attach all supporting documentation Include a convert your most recent Notice of Proporty Voluction and Tay Change				

Include a copy of your most recent Notice of Property Valuation and Tax Change Must be received by September 15, 2008